

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 15 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000157179030
06/15/09--01053--012 **516.25

CR2E041 (10/08)

07-09

DOCUMENT # L04000089971

1. Limited Liability Company's Name

HATT 65, LLC

2. Principal Office Address - No P.O. Box #

207 LAURA LANE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FLORIDA

Zip
32561

Country
USA

3. Mailing Office Address

207 LAURA LANE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FLORIDA

Zip
32561

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida **12/13/2004**

6. FEI Number
N/A

☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JESMONTH, RICHARD E.

Street Address (P.O. Box Number is Not Acceptable)
323 EAST ROMANA STREET

Suite, Apt. #, Etc.

City
PENSACOLA

State
FL

Zip Code
32502

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12 JUN 09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	BOYKIN, FRANK W II	207 LAURA LANE	GULF BREEZE, FL 32561

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

6/11/09

Daytime Phone #

850.932.7322

Typed or printed name of signing Managing Member/Manager **FRANK W. BOYKIN, II**